

NAVEUR NAVSUPPACT NAPLES 5350/1 (New 2-99)

Name:		SSN:
First	MI	Last
Command:		Work Phone:
FPO Address:		Home Phone:
E-Mail Address:		PRD/EAOS:
Title Occupation:		Average time TDY per month:
Work Experience:		

Education Schools Attended:

___ High School	___ Master's/Above
___ College/University	___ Technical
Other (please indicate)	

Indicate your student preference: Elementary School Middle\High School

What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

What are your hobbies, academic strengths?

Special talents or experience you would like to share with a student?

Please write a brief statement on why you would like to participate in the mentor program?

References:

Please list someone who knows you well and can attest to your character and dependability.

Name:	Phone:	Naples
for America's Youth - NSA PSC 817 Box 1 - FPO AE 09622 - 011.39.081.568.5491 - (DSN) 626-5491 -		
Fax: 011.39.081.568.5574 - (DSN) 626-5574 - e-mail: meavef@nsanaples.navy.mil		

Initial the following two statements:

- _____ I understand that the mentor program involves spending a minimum of one hour every week for the academic year at an agreed upon location with an assigned student.
- _____ I understand that I will be required to complete the mentor program orientation brief.

Have you ever been convicted of any felony or misdemeanor classified as an offense against a person or family, or any offense of public indecency?

Community involvement (clubs, church, service organizations):

Have you ever participated in a similar program?

For spouses only:

- _____ I would be willing to mentor more than one student.

Mentor Release Statement:

"I, the undersigned, hereby state that I am voluntarily submitting this application for participation in Naples for America's Youth, the Naval Support Activity's mentor program. If accepted as a mentor, I agree to abide by the rules and regulations of the program as well as those rules which may be created by other entities such as DoDDs school system, ect., applicable to Naval Support Activity's mentor program. Further, I hereby fully discharge affiliates, employees, officers, directors and agents thereof from any and all liability, claims, causes for action, costs and expenses which may be attributable to my participation in Naples for America's Youth.

I have read the above Release Statement and agree to its contents.

Signature

Date

If you know someone who might be interested in mentoring, please let us know.
Thank you!

Name: _____

Phone: _____